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UNITED STATES OMB APPROVAL FORM D SECURITIES AND EXCHANGE COMMISSION OMB NUMBER: 3235-0076 Washington, D.C. 20549 Expires: April 30, 2008 Estimated average burden hours per FORM D response RECEIVED SEC USE ONLY NOTICE OF SALE OF SECURITIES Prefix Serial 2007 4UG 3 1 PURSUANT TO REGULATION D, DATE RECEIVED SECTION 4(6), AND/OR INIFORM LIMITED OFFERING EXEMPTION 160 (check if this is an amendment and name has changed, and indicate change.) Name of Offering Series A Convertible Participating Preferred Stock of BioNanomatrix, Inc. ☐ Rule 504 ■ Rule 506 ☐ Section 4(6) □ ULOE Filing Under (Check box(es) that apply): Type of Filing: New Filing Amendment A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer (check if this is an amendment and name has changed, and indicate change.) Name of Issuer BioNanomatrix, Inc. (Number and Street, City, State, Zip Code) Telephone Number (II Address of Executive Officers 3624 Market Street, Philadelphia, PA 19104 609.818.0054 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (In (if different from Executive Offices) Brief Description of Business The Company is in the biotechnology research field focusing on cancer diagnostics research and development using nanotechnology Type of Business Organization limited partnership, already formed other (please specify): corporation limited partnership, to be formed business trust Year 07 图 Actual □ Estimated Actual or Estimated Date of Incorporation or Organization: 08

GENERAL INSTRUCTIONS

Federal

Who Must File: All issues making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230,501 et seq. or 15 U.S.C. 77d(6).

CN for Canada; FN for other foreign jurisdiction)

When To File A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to the address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: DE

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (5-05)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 OF 9

| | | A. BASIC IDE | NTIFICATION DATA | | |
|--|---------------------|---------------------------------------|------------------------------|----------------------|--|
| Enter the information | n requested for the | ne following: | | | |
| • | | the issuer has been organized | | | |
| Each beneficial issuer; | al owner having t | he power to vote or dispose, | or direct the vote or dispos | ition of, 10% or mo | e of a class of equity securities of the |
| Each executiv | e officer and dire | ctor of corporate issuers and | of corporate general and m | nanaging partners of | partnership issuers; and |
| Each general a | and managing par | rtner of partnership issuers. | | | |
| Check Box(es) that Apply: | ☐ Promoter | Beneficial Owner | Executive Officer | ☑ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if Michael Boyce-Jacino | individual) | | | | |
| Business or Residence Address | s (Number and St | reet, City, State, Zip Code) | | | |
| 2 Clark Court, Titusville, N | VJ 08560 | | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☑ Beneficial Owner | Executive Officer | ☑ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if | individual) | | | | |
| Business or Residence Address | s (Number and St | treet City State Zin Code) | | | |
| 2001 Hamilton Street #2009 | • | • • | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☑ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if | individual) | | | | |
| Tracy Warren | | | | | |
| Business or Residence Address | s (Number and St | reet, City, State, Zip Code) | | | |
| 103 Carnegie Center, Suite | 100, Princeton | , NJ 08540 | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☑ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if | individual) | | | | |
| Ed Erickson | | | | | |
| Business or Residence Address | | | | | |
| 3624 Market Street, Philad | lelphia, PA 1910 | | | | |
| Check Box(es) that Apply: | ■ Promoter | ■ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if Battelle Ventures, LP | individual) | | | | |
| Business or Residence Addres | s (Number and S | treet, City, State, Zip Code) | | | |
| 103 Carnegie Center, Princ | , | | | | |
| Check Box(es) that Apply: | ☐ Promoter | ■ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if | individual) | | | | |
| KT Venture Group | | | | | |
| Business or Residence Addres | s (Number and S | treet, City, State, Zip Code) | <u> </u> | | : |
| 160 Rio Robles, San Jose, CA | A 95134 | | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ■ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if | individual) | | | | |
| Business or Residence Addres | s (Number and S | treet, City, State. Zip Code) | | | · · · · · · · · · · · · · · · · · · · |
| | | , , , , , , , , , , , , , , , , , , , | | | |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

| | | | | | . INFOR | MATION A | ABOUT O | FFERING | | | | | |
|-----------|---|---|---|--|--------------------------------|---------------|-----------------------------|----------------|------------------------------|-------------|-----------------------|-----------------|-------------|
| 1. | Has the is: | suer sold, or | does the iss | uer intend to | sell, to nor | n-accredited | investors in | this offering | ;? | | | Yes | No Œ |
| | | | | Answer als | o in Append | lix, Column | 2, if filing u | nder ULOE | | | | | _ |
| 2. | What is the minimum investment that will be accepted from any individual? | | | | | | | | \$ <u>0</u> | | | | |
| | 5 | m · | nit joint owr | | -i | | | | | | | Von | No |
| 3. | Does the o | offering perr | nit joint owr | tership of a | single unit? | | ***** | | | | | Yes ≥ | No |
| 4. | similar rer an associa broker or | numeration (ited person o dealer. If m | requested for for solication or agent of a ore than five | of purchase broker or de (5) persons | ers in conne ealer register | ction with sa | ales of secur SEC and/or | ities in the o | ffering. If a or states, lis | person to b | e listed is of the | | |
| Full Nar | informatione (Last nam | | roker or deal dividual) | er only. | | | | | | | | | |
| | ` | | <u>, </u> | | | | | | | | | | |
| Busines | s or Residen | ce Address (| Number and | I Street, City | , State, Zip | Code) | | • | | | | | |
| Name of | Associated | Broker or D | Dealer | | | | _ | · | | | | - | |
| States in | | | as Solicited r check indiv | | | | | | | | | □ All S | tates |
| | AL | AK | AZ] | AR | CA | СО | СТ | DE | DC | FL | GA | ш | ID] |
| | IL | [N] | IA | KS | KY | LA | ME | MD | MA | MI | MN | MS | МО |
| | MT | NE | NV | NH | NJ | NM | NY | NC | ND | ОН | OK | OR | PA |
| | RI | SC | SD | TN | TX | UT | VT | VA | WA | wv | WI | WY | PR |
| Full Na | ne (Last nan | ne first, if in | dividual) | | | | | <u> </u> | | | | | |
| Busines | s or Residen | ce Address (| Number and | l Street, City | , State, Zip | Code) | | | | | | | |
| Name o | f Associated | Broker or D | Dealer | | | | _ . | | · · · · · · | · | | | |
| States in | Which Pers | son Listed H | as Solicited | or Intends to | o Solicit Pui | chasers | | | | | | | <u> </u> |
| | | | r check indi | | | | | | | | | ☐ All States | |
| | AL | AK | AZ | AR | CA | СО | CT | DE | DC | FL | GA | . HI | ID |
| | | IN | IA | KS | KY | LA | ME | MD | MA | MI | MN | MS | МО |
| | MT | NE | NV | NH | КЛ | NM | NY | NC NC | ND | OH! | OK] | OR | PA |
| | RI | SC | SD | TN | TX | UT | VT | VA | WA | wv | WI | WY | PR |
| Full Na | me (Last nan | ne first, if in | dividual) | • | | | | | | | | | |
| | | | | | | | | | | | | | |
| Busines | s or Residen | ce Address | (Number and | d Street, City | y, State, Zip | Code) | | | | | | | |
| | s or Residen | | | l Street, City | y, State, Zip | Code) | | | | | | | |
| Name o | f Associated Which Pers | Broker or L | Dealer las Solicited | or Intends t | o Solicit Pu | rchasers | | | | | | A11 C+- | 200 |
| Name o | f Associated Which Pers (Check "A | Broker or E son Listed H All States" o | Dealer las Solicited r check indi | or Intends t | o Soficit Pu | rchasers | | | _ | r | _ | All Sta | _ |
| Name o | f Associated Which Pers (Check "A | Broker or E son Listed H All States" o | Dealer las Solicited r check indiv | or Intends t | o Solicit Pur | rchasers | ст | DE MD | DC | FL MI | GA | All Sta | es ID MO |
| Name o | f Associated Which Pers (Check "A | Broker or E son Listed H All States" o | Dealer las Solicited r check indi | or Intends t | o Soficit Pu | rchasers | | DE | _ | FL | _ | н | ID |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Offering Price Already Sold Types of Security Debt \$8,110,632 \$ 5,110,632 Equity ☐ Common ☑ Preferred Convertible Securities (including warrants) Partnership Interests Other (Specify ____ Total \$5,110,632 \$8,110,632 Answer also in Appendix, Column 3, if filing under ULOE. *No separate consideration was received for the warrants. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Number Amount of Investors Purchases Accredited Investors \$ 5,110,632 Non-accredited Investors Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities 3. sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Sold Type of Offering NOT APPLICABLE Security Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities 4. in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs Legal Fees \$ 60,000 Accounting Fees Engineering Fees Sales Commissions (specify finders' fees separately) Other Expenses (identify). Total ______ \$ 30,000

| | C OFFINANC BRICE AT | HADED OF INVESTORS EVERYOPS AND VOC | OF DROCEEDS | | | |
|--------|--|--|--|------------------------------|--|--|
| | b. Enter the difference between the a - Question 1 and total expenses furnis | ggregate offering price given in response to Part C shed in response to Part C – Question 4.a. This eeds to the issuer." | | | | |
| | difference is the adjusted gross proce | ceds to the issuet. | | \$ 5,050,632 | | |
| 5. | be used for each of the purposes show furnish an estimate and check the box | isted gross proceed to the issuer used or proposed to vn. If the amount for any purpose is not known, to the left of the estimate. The total of the ed gross proceeds to the issuer set forth in response | | V <u>21881322</u> | | |
| | | | Payments to Officers, Directors, & Affiliates | Payments to Others | | |
| | Salaries and fees | | □ \$ | □ \$ | | |
| | Purchase of real estate | | □ \$ | □ \$ | | |
| | Purchase, rental or leasing and install | | | | | |
| | • • | | | □ \$ | | |
| | Construction or leasing of plant build | ings and facilities | □ \$ | □ \$ | | |
| | offering that may be used in exchange | iding the value of securities involved in this e for the assets or securities of another | | | | |
| | • | | | | | |
| | Repayment of indebtedness | | □ \$ | □ \$ | | |
| | Working capital | | □ \$ | ≥ \$ <u>5,050,632</u> | | |
| | Other (specify): | | □ \$ | D \$ | | |
| | | | □ \$ | | | |
| | Column Totals | | ⊠ \$ <u>5,050,632</u> | | | |
| | Total Payments Listed (column totals | Total Payments Listed (column totals added) | | | | |
| | | D. FEDERAL SIGNATURE | | | | |
| the fe | ollowing signature constitutes an undertal | gned by the undersigned duly authorized person. If the king by the issuer to furnish to the U.S. Securities and nished by the issuer to any non-accredited investor put | Exchange Commi | ission, upon | | |
| Issue | r (Print or Type) | Signature | Date | | | |
| | ANOMATRIX, INC. | Mutisach | August 24 | , 2007 | | |
| | e of Signer (Print or Type) | Title of Signer (Print or Type) | | | | |
| Micl | ael Boyce-Jacino | Chief Executive Officer | | | | |

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

